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Nebraska Planning Council On Developmental Disabilities

State Plan

For Federal Fiscal Year 2016

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Nebraska Planning Council On Developmental Disabilities
301 Centennial Mall, South
P.O. Box 95026
Lincoln, NE
68509

Section I : Council Identification

PART A:	State Plan Period:	**October 1, 2011 through September 30, 2016**
PART B:	Contact Person:	**Kristen Larsen**
	Phone Number:	**(402) 471-0143**
	E-Mail:	**kristen.larsen@nebraska.gov**
PART C:	Council Establishment:	
	(i) Date of Establishment:	**1971-03-11**
	(ii) Authorization:	**Executive Order**
	(iii) Authorization Citation:	**Governor Exxon Order of 3/11/71**

PART D: Council Membership [Section 125(b)(1)-(6)].

(i) Council Membership rotation plan:

Rotation of members of the Nebraska Planning Council on Developmental Disabilities is accomplished through a process mutually agreed to by the membership and the Governor's Office. The Governor periodically consults with the Council and staff to make appropriate provisions to rotate the membership of the Council.

(ii) Council Members:

#	Name	Code	Organization	Appointed	Term Date	Alt/Proxy State Rep Name
1	Drudik, Janet	A1		2015-02-25	2018-10-01	
2	Weatherly, Jill	A2		2009-04-27	2017-10-01	
3	Miller, Courtney	A4	Department of Health and Human Services also represents Aging	2013-09-20	2016-10-01	
4	McHale, Mary	A5	Disability Rights Nebraska	2014-07-31	2017-10-01	
5	Stuberg, Wayne	A6	Munroe-Meyer Institute	2013-08-05	2016-10-01	
6	Jackson, Clarice	A7	Voice Advocacy Center	2015-04-28	2018-10-01	
7	Martin, Judy	A8	Department of Health and Human Services, Public Health	2013-12-16	2016-10-01	
8	Montgomery, Donna	A9	University of Nebraska-Kearney	2009-10-28	2018-10-01	
9	Vacant	A9	Developmental Disabilities Division			
10	Barrett, Jessica	B1		2015-11-03	2018-10-01	
11	Crosby, Christi	B1		2002-10-31	2017-10-01	
12	Johannes, Dale	B1		2012-02-22	2017-10-01	
13	Smith, G.R.	B1		2013-12-23	2016-10-10	
14	Thomas, Joni	B1		2013-04-10	2016-10-01	
15	Waggoner, Haley	B1		2011-10-31	2017-10-01	
16	Kelly, Seamus	B2		2008-01-17	2016-10-01	
17	Mayleben-Flott, Kristin	B2		2010-12-16	2016-10-01	
18	Debbie Salomon	B3		2014-11-14	2017-10-01	
19	Gardels, Linda	B3		1989-05-19	2016-10-01	
20	Miller, Cathy	B3		2001-10-01	2016-10-01	
21	Regier, Lorie	B3		2001-10-01	2016-10-01	
22	Miller, Sharon	C2		2013-10-01	2018-10-01	
23	Valenti, Dee	C2		2011-10-31	2017-10-01	

PART E: Council Staff [Section 125(c)(8)(B)].

#	Name	Position or Working Title	FT/PT %
1	Dulaney, Joni	Staff Assistant I	100.00
2	Holman, Terri	DD Program Specialist	100.00
3	Larsen, Kristen	Executive Director	100.00

Section II : Designated State Agency

PART A: The designated state agency is:

Nebraska Department of Health and Human Services, Public Health
P.O. Box 95026
Lincoln, NE 68509
phone: (402) 471-9433, fax: (402) 471-9449
email: Courtney.Phillips@nebraska.gov

PART B: Direct Services. [Section 125(d)(2)(A)-(B)].

The DSA provides direct services to persons with developmental disabilities. (Long term care facilities for people with mental illness and DD, public assistance programs, foster care. In addition, HHS contracts for services including community based DD services, mental health services, and Medicaid related services.)

PART C: Memorandum of Understanding/Agreement: [Section 125(d)(3)(G)].

N/A or No agreement.

PART D: DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]

The DSA provides the following services to the Council: accounting services, legal consultation, administrative support, computer support, and public information support.
Phone Number for Courtney Phillips is 402-471-9433, Fax 402-471-9449

PART E: Calendar Year DSA was Designated. [Section 125(d)(2)(B)]

1971

Section III : Comprehensive Review and Analysis [Section 124(c)(3)]

INTRODUCTION: A broad overview of the Comprehensive Review and Analysis conducted by the Council.

Nebraska's population is 1.8 million people. Nebraska's economic growth tends to follow growth in the national economy. Given the national economic downturn, it appears that state economic growth will be slow over the next few years. Nebraska employment and income growth should be moderate in 2010 and return to trend levels in 2011. These economic factors have impacted services for people with developmental disabilities and have caused advocates to focus on maintaining the status quo until the economy recovers. Unfortunately, difficult economic times often result in reductions to various programs which depend on public support to protect their resources by creating eligibility and service limitations. A public perception that individuals with developmental disabilities have their own system may make it more difficult to access these more generic services.

There are several other factors contributing to the development of services for people with developmental disabilities. In 2006, CMS visited the State's ICF-ID, Beatrice State Developmental Center (BSDC) and found them out of compliance. They were eventually de-certified and the Department of Justice began a related investigation. The State began a process to regain Medicaid certification for this facility and to reach an agreement with the Department of Justice. Nebraska's Legislature appropriated state dollars to support BSDC while they tried to regain Medicaid funding and consequently became very involved in looking at the entire DD System. Recognizing that the system must be viewed as a whole, the senators looked at not only institutional care but community based care as well. It was at this time that the Developmental Disability Council was completing their waiting list study and, using this report, as well as the interest in DD services among senators and the public, they were successful in advocating for waiting list funds. There was also a change in leadership at the State level in the DD Division, which oversees both institutional and community based services. This leadership brought new ideas and a strong focus on person-centered services and self-direction at the State level.

The Council's process for conducting the comprehensive review and analysis began with a review of state agency plans, including housing, education, vocational rehabilitation, transportation, and aging. The Council then contracted for the University Center for Excellence, Munroe-Meyer Institute, to do a needs assessment using an electronic survey. To ensure that self-advocates and minority populations were represented, separate focus groups using the same survey but a written version, including one translated into Spanish, were held. Finally, the Council looked at needs assessments that had been done by other agencies, including the DD Division and Nebraska Advocacy Services. The various findings and results of the needs assessment were presented to the Developmental Disabilities Council and they were asked to develop the goals for the next five years, along with possible strategies. These were subsequently presented to various Council partners for comment before being brought back to the Council for their final approval.

PART A: State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage of Population
White alone	88.7%
Black or African American alone	4.1%
American Indian and Alaska Native alone	0.8%
Asian alone	1.6%
Native Hawaiian and Other Pacific Islander alone	0.1%
Hispanic or Latino of any race	7.7%
Some other race alone	2.8%
Two or more races:	1.9%

(ii) Poverty Rate: **10.10**

(iii) State Disability Characteristics:

a) Prevalence of Developmental Disabilities in the State: **28440**

Used 1.58% from Larson, Lakin, Anderson, Kwak, Lee & Anderson, 2001.

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of 6 or less (per 100,000)	B. Number Served in Setting of 7 or more (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2011	4042	166.000	55.000	64.000	78.000
2009	3048	170.000	49.000	40.000	45.000
2007	3750	149.700	38.000	24.000	43.000
2005	3480	139.300	46.600	12.000	44.000

c) Demographic Information about People with Disabilities:

People in the State with a Disability	Percentage
Population 5 to 17 years	4.6%
Population 18 to 64 years	8.8%
Population 65 years and over	34.9%

Race and Hispanic or Latino Origin of People with a Disability	Percentage
White alone	10.8%
Black or African American alone	15.1%
American Indian and Alaska Native alone	12.8%
Asian alone	5%
Native Hawaiian and Other Pacific Islander alone	0%
Some other race alone	5.2%
Two or more races	12.5%
While alone, not Hispanic or Latino	11.1%
Hispanic or Latino (of any race)	6.6%

Employment Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Employed	31.2%	73.7%

Not in Labor Force	64.6%	21.8%

Education Attainment Population Age 25 and Over	Percentage with a Disability	Percentage without a Disability
Less than High School graduate	18.3%	8.3%
High School graduate, GED, or alternative	37.6%	26.9%
Some college or associate's degree	31.5%	34.5%
Bachelor's degree or higher	12.6%	30.3%

Earnings in the past 12 months Population Age 16 and Over with Earnings	Percentage with a Disability	Percentage without a Disability
$ 1 to $4,999 or loss	34.3%	22.4%
$ 5,000 to $ 14,999	10.4%	8.6%
$ 15,000 to $ 24,999	17.3%	16.5%
$ 25,000 to $ 34,999	12.9%	16.2%

Poverty Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Below 100 percent of the poverty level	17.6%	10.6%
100 to 149 percent of the poverty level	15.4%	7.5%
At or above 150 percent of the poverty level	66.9%	81.9%

PART B: Portrait of the State Services [Section 124(c)(3)(A and B)]:

(i) Health/Healthcare:

The Medicaid program provides health and long-term care services for many Nebraskans with disabilities. In fiscal year 2010, the average monthly eligible persons for the “blind and disabled” category was 33,005, making up 14.7% of the total number of eligible persons. This category accounted for 41.7% of the expenditures in that same fiscal year. Nebraska’s Medical Assistance Plan offers a number of optional services including prescribed drugs, dental services, personal care services, durable medical equipment, vision-related services, and speech, physical, and occupational therapy services. However, when the economy takes a downturn, they come into scrutiny as a place to make possible cuts. Individuals and advocates frequently have to try to influence policymakers not to cut these needed services. Although the last few years have not seen any of these services eliminated, there have been limitations put on some of them regarding the amount of services provided. The benefits provided by Nebraska’s children’s health insurance program (Kids Connection) are the same as Medicaid. The state also offers a high risk insurance pool that has been in existence for over 25 years. Unfortunately, the approved premium is high and exceeds the ability of many people to take advantage of the program.

The Medically Handicapped Children’s Program provides specialized medical services for families with children with disabilities or ongoing health care needs. Services may include services coordination, specialty medical team evaluations, access to specialty physicians, and payment of treatment services. In FY2010, 1,490 children and adults were served in their programs.

Children’s mental health services in Nebraska became a national issue several years ago when the Legislature passed a safe haven bill with no upper age limit. Subsequently, several families dropped off 36 children and adolescents at safe haven locations with the majority being ones who experience behavioral health problems and whose families were unable to access needed services. Nebraska responded by strengthening their mental health services for children and youth, including the establishment of a children’s behavioral health help line and a family navigator service to offer peer support and system navigation. Adult mental health services are also a problem, especially for people with co-existing conditions. Of Nebraska’s 93 counties, 81 do not have a

psychiatrist with a primary practice location. With only 147 psychiatrists in the entire state, there is limited access to ones who have experience in working with individuals with developmental disabilities. As a result, many individuals are being treated by general practitioners. A review by the Department of Justice of people who have been transitioned from the state operated ICF-MR identifies this as a barrier to community living.
Nebraska's rural nature creates a problem not only for psychiatric services but also accessing other health practitioners. In an effort to control Medicaid costs, reimbursement rates for some care have either been limited or reduced. There is concern that has a negative impact on the willingness of health care providers to serve people on Medicaid, especially people with developmental disabilities who may have unique needs and require longer appointment times.
With the passage of the Affordable Care Act, there is a renewed interest in public health and the promotion of healthy lifestyles. Nebraska Public Health System has included concerns of people with developmental disabilities in their Healthy People 2020 and their Nutrition and Physical Activity Plan. It is critical that these efforts make sure their programs are accessible to all people in their communities

(ii) Employment:

The Nebraska Vocational Rehabilitation (NVR) Program serves all disabilities except visual. NVR has been an active partner with the DD Çouncil, the Developmental Disabilities Division, High School Special Education programs, DD providers, and employers to promote and provide competitive employment opportunities to individuals with developmental disabilities. VR collaborates with the Developmental Disability Division to maximize benefits to individuals in Supported Employment and the Community Supports Program. NVR does not fund nor promote employment in sheltered workshops or non-integrated settings or sub-minimum wage. In 2009, 12.8% of NVR's successful employment outcomes were supported employment outcomes.
NVR worked with 2,000 plus high school students with disabilities who graduated in 2009. Over 800 of those students elected to receive post high school services from NVR.
In the last two years, NVR played a key role in establishing five Project Search programs across Nebraska. Project Search is a program where education and training for young adults with intellectual and developmental disabilities takes place in the workplace leading to the acquisition of employability and competitive work skills. Four of the sites are hospitals and the fifth is a national retail distribution center.
In the last year, NVR established a partnership with the Nebraska Autism Center to provide a personalized approach to match qualified individuals who have autism to specific jobs at no cost to employers.
The Developmental Disabilities Division in the Department of Health and Human Services amended their Home and Community-Based Services (HCBS) waivers to expand and encourage employment related services, especially those that support competitive employment in the community. These changes became effective January 2011. The following number of people are served in the various employment settings (can be duplicative): Integrated employment – 304, Vocational Planning – 1,047, Workstation – 325, Pre-vocational Workshop -- 3,027. Nebraska does not have an Employment First policy but there is recognition that jobs are a meaningful outcome for individuals served in the DD system.
Nebraska's Department of Health and Human Services/Home and Community Services has had a Medicaid Infrastructure Grant (MIG) since 1999 and is now focused on developing a statewide system of benefits counselors with varying levels of expertise to assist people at different points in their job seeking path. This federal grant has also done employer outreach. Finally, the Nebraska Department of Education continues to focus on transition services for special education students, including job exploration and youth leadership.
However, there are problems that need to be addressed if employment is to become a reality for individuals with developmental disabilities. Students who transition from special education into a community job are much more likely to remain employed. This does not always happen because there can be a lack of collaboration among the agencies involved – schools, DD providers, and Vocational Rehabilitation. Families and service providers may not have the expectation that an individual can or should work in the community. Finally, Nebraska has a policy of funding day services which includes employment supports for individuals exiting special education. This

assures that every youth has an opportunity for these supports. However, the individual must be 21 to qualify. This has created some concerns for those between 18 and 21 who might opt to leave school early and then must wait till they are 21 in order to receive services from the DD system.

(iii) Informal and informal services and supports:

Nebraska has an Aged and Disabled Medicaid Waiver which offers an array of services to support individuals of all ages to stay in their homes. To be eligible they must be eligible for Medicaid and have needs at a nursing facility level of care, want to live at home rather than a nursing facility, and be able to be served safely at home. Services include service coordination, in-home help, respite, independence skills building, childcare for children with disabilities, adult day services, transportation and assisted living services. Services coordination for the aging population is provided by the local Area Agencies on Aging, for the disabled population by an Independent Living Center, and for children by the Department of Health and Human Services.

The Disabled Persons and Family Support Program provides state-funded assistance to individuals of all ages who meet specified income and disability criteria. The program assists people with disabilities to remain employed, maximize their independence, and remain in their homes with their families. Eligible individuals may receive funding up to $300 a month or $3,600 annually for services such as personal care, housekeeping, transportation, special equipment, and vehicle or home modifications. In FY10, 482 persons were served with over 82% of them being over age 65. In general, these individuals are not eligible for Medicaid or other programs. However, this program is limited as the funding for the program has remained level since 1988.

The Nebraska Lifespan Respite Services Program consists of a network of agencies across the state to coordinate community respite services and a subsidy program to provide funding to caregivers to purchase respite services. The latter program is centralized and administered through the Department of Health and Human Services. In FY 2010, the Lifespan Respite Subsidy Program served 877 individuals. Many of these individuals experience a developmental disability. The DD Division changed their waivers to allow families to access respite through non-specialized providers so they are able to access this network in addition to specialized providers.

The Social Services Block Grant offers services as well to children and adults with disabilities who may not qualify for other programs or who may have been identified by protective services as being at risk.

Nebraska’s child welfare system is currently in transition. Nebraska has a high rate of children being placed out-of-home and, in an effort to try to decrease that number, several initiatives are being tried.

The Nebraska Council supports a system of six regional councils. Their membership includes service agencies, schools, individuals with developmental disabilities and family members, and advocates. They encourage greater awareness and inclusion at the community level as well as support leadership development by supporting training opportunities for individuals and their families. Many community programs still struggle with full inclusion of people with disabilities. There are still separate recreational programs for children and adults with disabilities in some communities. Segregated activities, especially in the area of recreation and social activities, are still more common than integrated ones. Adults with developmental disabilities are often limited in their access to community activities or to pursue their leisure interests since staff issues may require that everything is done in groups. Obviously, traveling in a group makes interaction with individuals in the community difficult. The recent HCBS Medicaid waivers for DD services include an option which may result in increased choice in community activities.

(iv) Interagency Initiatives:

Nebraska has several interagency initiatives that help coordinate services to people with developmental disabilities. The Early Development Network is one example. Since the implementation of Part C in Nebraska,

the Nebraska Department of Education and the Department of Health and Human Services assumed co-lead roles. This collaboration has expanded to include other programs that serve young children with the Early Childhood Interagency Coordinating Council, including Head Start, Early Childhood, and Child Care. Parents of children with disabilities are represented on their Council. The Assistive Technology Partnership, which is in Vocational Rehabilitation Services, has contracts with the Department of Health and Human Services as well as schools to provide assessments for children and adults in their services who need assistive technology or home modifications. These are paid for by the schools or Home and Community Based Waivers. Another interagency initiative is included in Nebraska's Medicaid Infrastructure Grant/Ticket to Work. This project includes housing, employment services and benefits counseling. The Department of Health and Human Services administers this grant and has pulled together various state and local agencies to coordinate services that support employment for people with disabilities. Nebraska has just started to implement the Aging and Disability Resource Centers, which will be implementing a single application process for a number of programs and result in increased referrals and coordination to appropriate programs.

The various councils in Nebraska encourage coordination among programs. The inclusion of people with disabilities in their membership provides an opportunity for their voices to be heard. These groups include the State Independent Living Council, the State Rehabilitation Council, the Traumatic Brain Injury Council, the Special Education Advisory Council, the Money Follows the Person Advisory Committee, the Aged and Disabled Resource Centers Council, and the ATP Advisory Council.

(v) Quality Assurance:

Nebraska has experienced several important events regarding Quality Assurance that have had and continue to have a major impact on services in the state. Probably the most critical was the monitoring visits to the state's ICF-ID, Beatrice State Developmental Center (BSDC) by the CMS monitoring team, which eventually resulted in their decertification and loss of Medicaid funding in 2009. This was followed by a visit by the Department of Justice who filed a civil rights suit against the state on behalf of the residents. An agreement was reached and a Department of Justice Monitoring Team now makes visits to the state to review the situation at the Center, as well as in the community for those individuals who have been transferred from there. Nebraska has divided the Beatrice Center into five separate facilities and hopes to have them all certified in 2011. A number of improvements have been made, including a reduction in population and an enhancement in medical services for residents. These concerns brought the entire DD system of services to the attention of the Legislature and the public with some resulting positive changes.

Besides these outside monitoring visits, Nebraska has made a change in their internal monitoring responsibilities. These have been transferred from Public Health Regulation and Licensure to the Developmental Disability Division. They now employ surveyors that make site visits and follow-up on complaints and Adult Protective Services reports. State law also mandates a system of Quality Review Teams made up of volunteers, including individuals with disabilities and family members, who visit community based residences and file reports on quality of life issues that they observe. A Death Review Committee of the Department of Health and Human Services reviews all deaths in the DD system. They attempt to identify possible trends or areas needing additional training to health care professionals or service providers. All these monitoring activities are reviewed by an internal Quality Improvement Committee of the DD Division.

The new DD regulations for HCBS in the state do not allow the use of restraints in a behavior management plan or the use of seclusion. The Council is studying the current usage of restraints as well as that of psychotropic drugs in community programs. In the educational system, the Department of Education released a technical assistant document in June 2010 regarding the use of restraints and seclusion and soon the rule in Nebraska will require all schools to have policies and procedures on restraints and seclusion in order to receive accreditation.

In the area of self-advocacy, People First of Nebraska has 15 chapters in the state. It is working to strengthen its focus on self-advocacy and leadership. It has historically had strong ties with local Arc chapters and, while their support is helpful, the organization hopes to strengthen its autonomy and ability of its membership to contribute

to state policy.
The Nebraska Department of Education supports Youth Leadership Councils at both the state and regional levels. This includes youth conferences held by and for transition age students that look at both post-secondary education and employment and independent living options.

(vi) Education/Early Intervention:

The Department of Education provides early childhood care and education services from birth to age five through its Early Childhood Education grant program, through early intervention services (Part C of the Individuals with Disabilities Education Act), and through preschool special education services (Part b 619 of the Individuals with Disabilities Education Act.) There are currently 10,259 preschool children served through 163 local school districts. The breakdown is as follows: (1) typically developing children B to age 5 = 5,455; (2) children with disabilities B to age 3 =1,627; (3) children with disabilities age 3 to 5 = 3,177. Head Start grantees serve 6,064 children birth to age 5. Local Head Start agencies are funded directly by the federal Administration on Children and Families and no state dollars support them. Head Start typically identifies around 10% of their children as having a disability. Services for preschool children are funded through a combination of federal, state and local funds.
Nebraska's early intervention program is unique in that it is administered by co-lead agencies – the Department of Education and the Department of Health and Human Services. As Nebraska mandated services from the date of birth/diagnosis of the child in the 1970's, the addition of Part C services was not difficult. Consequently, the eligibility criteria for services for infants and toddlers and pre-schoolers are the same, so the transition is usually seamless for families. The major concern is the loss of the service coordinator when the child enters pre-school. At the last child count, there were 47,471 children receiving special education services. The majority of these children (27,320) are identified as either speech/language impaired or have a specific learning disability. There are 1,179 children in separate classes and 1,025 children who attend separate schools; however, most children are served in regular classrooms for at least part of their day. In the reading assessment done in Grades 3-8, 11, only 8.4% of the children with IEP's took an alternate assessment with alternate standards. Nebraska has received the highest grade of "Meets Requirements" from the Office of Special Education for both their early intervention and regular education programs.

(vii) Housing:

Not a goal at this time.

(viii) Transportation:

Not a goal at this time.

(ix) Child Care:

Not a goal at this time.

(x) Recreation:

Not a goal at this time.

PART C: Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

(i) Criteria for eligibility for services:

Eligibility for services from the Developmental Disability Division is mental retardation or a severe, chronic disability other than mental retardation or mental illness which is attributable to a mental or physical impairment; is manifested before age 22; is likely to continue indefinitely; and results in a substantial limitation in three or more areas of major life activities. Determinations are based on documentation submitted to the Division. People with co-existing conditions of a developmental disability and mental illness can face barriers. Nebraska's services for these two populations are not set up to serve people who experience a dual diagnosis. As a result, these individuals can find themselves caught between these two systems with neither able to provide appropriate services. This is also a problem for children. Currently, the Medicaid system will not authorize behavioral health services for children who have certain diagnosis such as a developmental disability. It maintains that the behavioral health concerns for this population are the result of the disability and require habilitative treatment, which is not covered. They do authorize active treatment only if they determine the person can be expected to benefit from that treatment.

Nebraska did submit an Autism Waiver that was approved but its implementation was dependent on the receipt of a private donation to cover the match. When the match was withdrawn, the waiver was put on hold.

Nebraska has had an ongoing eligibility issue for transition age youth since a law was passed in 1993 which provided day services to all Nebraska youth graduating from special education who experience a developmental disability. The DD Division has interpreted this to mean that the youth must be 21 before they are eligible for adult services. The rationale is that youth are entitled to educational services until they are 21, while DD services are not an entitlement. If a student leaves early, then they still must wait till age 21 to receive DD services. This has been an ongoing issue between DD, the schools, and Vocational Rehabilitation since the interpretation was made shortly after the bill was passed.

Adults on one of the adult HCBS waivers are eligible for assistive technology up to $5000. This amount has remained the same for a number of years and it is becoming more and more difficult to make needed home modifications within this cap. It has become necessary to cobble several sources together to cover the cost of a needed home modification. It can take awhile to locate other resources and there is a risk that a person may be forced to go to an institution if the modification takes too long.

Vocational Rehabilitation has a federal requirement that people served in a supported employment setting must have a source of long term supports in order for VR to serve them. This can create a problem for youth between the ages of 18 and 21 who have left school or graduated. As explained earlier, an individual must be 21 to receive services from the DD Adult System. Therefore, if they graduate before 21 and would need long term employment supports then they could not be served by VR until they receive funding for DD services at 21.

Possibly one of the largest barriers for people with developmental disabilities receiving services is the misperception that the Developmental Disability system is responsible for providing for all their needs. Many state generic programs do not seem to understand that the DD Division provides only specialized services such as habilitation. So when individuals with developmental disabilities need services that are typically available to other Nebraskans who are eligible, they can be turned down and directed to get these services from the DD system.

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with

developmental disabilities and their familes:

Nebraska's population is 86% white. Its largest racial minority is African-American with 4.5%. However, Hispanics, as an ethnic minority, now make up 9.2% of its population. They are the largest growing group in the state having increased by over 77% in the last 10 years while the increase in the non-Hispanic population in that time has been 2.6%. As in other states, this population change has been complicated by the immigration issue. A state law requires an attestation of citizenship or qualified alien status in order to receive any public benefit. It can be assumed that this has had an impact on people's willingness to come forward to apply for disability services. In addition, language barriers can create problems when trying to find care providers.

Nebraska is a very rural state making some services including health care and long term supports, hard to access for everyone. However, when trying to find a provider who has the expertise that may be needed to work with people with developmental disabilities and their families, it becomes even more difficult.

The lack of direct care staff/service providers can cause individuals with developmental disabilities to be underserved. Some individuals and families are not able to locate someone to provide a service that has been authorized.

People with developmental disabilities and mental health issues often have a very difficult time finding appropriate services. The two systems tend to operate in silos and people may find themselves caught between the two systems with each expecting the other to be the responsible agency. Nebraska has few psychiatrists. Eighty-one of the 93 counties do not have a psychiatrist with a primary practice location. There are only 147 psychiatrists practicing in the state and few of these have experience working with children and adults with developmental disabilities.

(iii) The availability of assistive technology:

Assistive Technology Partnership (ATP) is the state Assistive Technology Act Program in Nebraska and is located within Vocational Rehabilitation. They offer a variety of programs which are utilized by persons with developmental disabilities. The Developmental Disabilities Division includes assistive technology and supports, home modifications, and vehicle modifications ($5000 cap) under all their HCBS waivers for adults, as well as for people funded through state general funds. The DD Division has a service agreement with ATP to provide consultation on all referrals for these services.

ATP offers a free on-line service to list and find equipment in Nebraska. This site is accessible by the public, vendors, service coordinators, and others. Equipment is available either for free, for sale, for demonstration, or for loan. This provides the opportunity for individuals with disabilities to find more affordable equipment without having to meet eligibility criteria and limitations for public and private programs. The identification and use of used equipment makes it possible for programs with limited resources to extend their funds to assist more individuals. The trial use of equipment in a loan situation provides valuable experience and information to individuals with developmental disabilities as they make choices about what will best meet their needs.

ATP has developed postcards and posters for community distribution directed at individuals with developmental disabilities and their caregivers. The cards/posters promote assistive technology and ATP's website and include examples of assistive technology that individuals with developmental disabilities could use. As stated earlier, since assistive technology is included under all adult waivers, service coordinators can make referrals and assist with access.

ATP has a number of programs that individuals with developmental disabilities may access. In the housing area, they support and promote www.housing.ne.gov, a free online service to list and find rental housing and services in Nebraska. The search capacity includes accessibility features and other criteria to assist individuals with disabilities locate appropriate rental housing. They are also working with Nebraska's Money Follows the Person grant to address housing barriers with transitioning individuals going back to community-based living options. They receive funding from the Department of Education to work with children (birth to 21) who experience a disability in the school system. Core services and activities include individual consultations, professional

development/training, device demonstrations, device loans and awareness of assistive technology. There are currently six regional locations for schools with statewide service provision. Vocational Rehabilitation provides funds for ATP to serve youth with disabilities who are receiving transition services. One of the supported activities is a transition conference on school-to-work or post-secondary education that is held in western, central, and eastern Nebraska on an annual basis. The theme for the events is successful employment or education with technology.
ATP receives funding from VR to provide onsite assessments for the Title I Program, which includes the recommendation of the assistive technology, and then the monitoring and inspection of the final work as part of the process to obtain assistive technology through the VR program.
ATP has a coordinated funding system in place to help consumers find and acquire funding to pay for assistive technology and home modifications. The coordination of funding options is accomplished through the use of a shared Service and Device Request Form that is available on the ATP website. They also help support the Nebraska Alternative Financing Program, which provides low or reduced interest loans to qualified Nebraskans with disabilities for the purchase of assistive technology devices and assistive technology services.

(iv) Waiting Lists:

a. Numbers on Waiting Lists in the State:

Year	State Pop. (100,000)	Total Served	Number Served per 100,000 state pop.	National Averaged served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2015	18.961	4002	211.000	141.000	103.892	0.000
2014	18.263	4980	273.000	147.800	89.742	11.553
2011	18.263	4042	220.000	147.800	102.010	0.000
2009	17.930	3013	168.000	142.000	114.840	0.000
2007	17.720	3331	188.000	145.000	89.280	0.000
2005	17.580	3270	186.000	139.000	69.800	0.000

b. Description of the State's wait-list definition, including the definitions for other wait lists in the chart above:

The Developmental Disabilities Division in Nebraska maintains a registry of all individuals (children and adults) who have requested specialized services. Once an individual is determined eligible, the individual or family indicates the date that services are wanted. This is commonly termed the individual's request date. It could be same day or a day in the distant future. This information is placed on the DDD tracking system. The individual is considered to be on the waiting list when the stated request date has been reached or passed. Historically, as funding has become available for those on the waiting list, the order of selection has been by request date. Under special initiatives in the past, there have been instances where other priorities for funding have been established. Services are categorized into residential and day. If people are receiving any service that falls into a particular category, they are not considered waiting for that service.

c. To the extent possible, provide information about how the State selects individuals to be on the wait list:

Developmental Disabilities Division has a single wait list based on the date identified by the individual or family. The wait list is not broken down into categories or prioritized other than the date that services have been requested for. In Nebraska, the wait list is primarily for residential services as all eligible youth exiting special education at age 21 from a Nebraska high school have received day services since 1993. However, there are people who are waiting for day services if they have graduated before September 1993 or have moved into the state and did not graduate from a Nebraska high school.
Based upon statutory language, Nebraska uses a system of authorizing services based upon emergency needs. Individuals in a situation that is deemed threatening to their health or safety, as defined by state statute, are termed as Priority One status. These individuals receive day and/or residential services based upon their assessed need.

d. Entity who collects and maintains wait-list data in the State:

- [ ] Case management authorities
- [ ] Providers
- [ ] Counties
- [x] State Agencies
- [ ] Other:

e. A state-wide standardized data collection system is in place:

- [x] Yes/No

f. Individuals on the wait list are receiving (select all that apply):

- [x] No services
- [x] Only case management services
- [ ] Inadequate services
- [ ] Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
- [x] Other: People receiving residential services waiting for day services or those receiving day services waiting for residential services.

Other services:

People receiving residential services waiting for day services or those receiving day services waiting for residential services.

Other services description(s):

As stated earlier, most individuals in Nebraska are receiving day services as those have been provided if they graduated after September 1993 from a Nebraska high school. However, they may be on the wait list for residential services. The opposite may be true as a youth may be receiving residential services through a childrenâ€™s waiver but waiting for day services until they reach the age of 21. Recent funding for the wait list

has allowed Nebraska to offer services to individuals whose wanted service date was prior to December 2007. Case management is offered to all individuals on the waiting list but some individuals opt not to receive it.

g. Individuals on the wait list have gone through an eligibility and needs assessment:

☑ Yes/No

Use space below to provide any information or data related to the response above:

Individuals on the wait list have had an eligibility determination made by the Developmental Disability Division. However, a needs assessment is not done until there is a determination that funding for requested services is available. Since youth exiting special education at age 21 are eligible for day services, they receive a needs assessment prior to entering day services.

h. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g. person-centered planning services):

☐ Yes/No

i. Specify any other data or information related to wait lists:

At the time funding becomes available, the Service Coordinator reviews all options for the individual/family and assists in planning the use of supports. A DVD is available that describes service options.
In the table (a), the number of \"Total persons waiting for other services as reported by the State, per 100,000\" is so small that the numbers are masked. This is because Nebraska has offered day services for youth exiting special education since 1993 so the majority of people on the waiting list are wanting residential services.

j. Summary of waiting list Issues and Challenges:

In 2008, the Council completed a study of the Waiting List. It included recommendations for not only funding but also systems change to begin moving services away from a model of group homes and sheltered work settings to expanded options and self-directed services. The Legislature provided funds in 2009 to begin addressing the waiting list as the result of a joint effort by the Council and other advocates and used the 2008 report as the basis for their appropriation. Equally important was the change in administration of the Developmental Disabilities Division and their commitment to implementing many of the principles recommended in the report. Although this initial effort was successful, the poor economy in the state has made it difficult to get additional appropriations to continue to address the waiting list. The initial appropriation allowed services to be offered to 1,529 individuals whose service request date was prior to December 2007.

(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:

The Nebraska General Fund revenue forecast is for an average growth of 4.7% over the next three years. This reflects modest growth considering the 29 year average is 4.9%. However, the state experienced negative growth in both FY2008 –2009 and FY2009 – 2010. The impact of this economic downturn on individuals with

disabilities was somewhat lessened by the availability of funds from the American Recovery and Reinvestment Act (ARRA) of 2009, including the enhanced Medicaid match rate. Historically, Nebraska has offered many of the optional services which support people living in the community such as dental, hearing aids, eyeglasses, therapies, chiropractor services, and personal assistance services. Although none of these services have been eliminated, there have been successful efforts to limit them over the last few years. The proposed biennium budget would level fund both Vocational Rehabilitation Services and Special Education services. However, Vocational Rehabilitation is required to use cash funds to make up a cut in state general funds in order to meet their match requirements. Although there was no cut to Special Education, state aid to regular education has been reduced. Nebraska had used ARRA funds to help finance schools and although there is a general fund increase for state aid, it does not make up for the loss of these funds.

For the next biennium, the Committee proposed budget for developmental disability aid reflects one of the few programs with an increased General Fund appropriation. The Committee includes $1.2M in FY11-12 and $2.2M in FY12-13 for clients transitioning from K-12 school programs to community based programs. State law established an entitlement to services for persons with developmental disabilities who graduate from high school or reach age 21. These dollars would fund an additional 120 graduates in 2011-2012 and 100 in 2012-2013. Additional state funds were included to account for the lower Medicaid match rate. However, the Committee did not include any additional funds to remove persons from the waiting list or to increase provider rates. On the other hand, they did not reduce funds as DD providers were exempt from the 2.5% rate reduction that other Medicaid providers experienced.

“The State of the States in Developmental Disabilities: 2011” reports that Nebraska's fiscal effort for I/DD services decreased 4% between 2006 and 2009. In 2009 it was $4.16/$1000 of aggregate statewide personal income, giving it a ranking of 26th in the nation. Fiscal effort for community services ranks 32nd while that for institutional services ranks 13th. Nebraska does not do as well in specialized family support programs, ranking 48th in the number of families supported. Although needs for services for families and in the community, especially for those on the waiting list exist, there has been historically a bi-partisan support for services for people with developmental disabilities. It was during the serious economic downturn of the last biennium that the Legislature and Governor appropriated $15.7M to address the waiting list. A study of the waiting list conducted by the State Council in 2008 recommended not only additional funding but also changes to the service system to encourage flexibility and greater use of lower cost services. Since that time several of those recommendations have been implemented. With the combination of continued Legislative support and efficient use of these funds, it is possible that resources will be adequate in the future.

(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:

In response to the de-certification by CMS of Nebraska’s ICF/ID, Beatrice State Developmental Center (BSDC), the state has been putting resources into correcting the deficiencies cited and has chosen to split its campus into five separate ICF/ID’s and license them individually. Initial surveys have been positive, finding those surveyed to be in compliance with all eight ICF/ID Conditions of Participation. There has been an investment in additional medical personnel, both staff and consultants. This has improved the level of healthcare available to residents at Beatrice State Developmental Center and there are plans to make these services available to individuals in community programs through various routes, including telehealth.

In addition, Nebraska has nine additional ICF/IDs operated by Mosaic – two are larger facilities while the other seven are smaller with six to nine residents each. These smaller ICF/IDs primarily serve individuals with complex medical needs and were established as a result of the decision to downsize BSDC and move individuals closer to their families.

Recent surveys of these facilities have identified some problems. Most of these are the result of poor communication and documentation among staff when changes are made in active treatment plans, medications,

and human rights decisions. There have also been problems with written procedures not being followed in areas of abuse and neglect and medication errors. Finally, there were problems with the repair and use of adaptive equipment that had been prescribed. All facilities submitted acceptable plans of correction.

(vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))):

In a recent CMS waiver review, Nebraska was found to be meeting all the assurances they have provided in their waivers as they oversee all services from eligibility determination through payment.

The state has systems in place to assure the health and welfare of its waiver participants. Coordination of quality improvement activities is done by the Quality Improvement Committee, which consists of DDD Central Office staff, along with HCBS waiver management staff from Medicaid, licensing and compliance staff from the Department of Health, a service coordination supervisor, and a disability services specialist. There is also a DD Community-Based Services Death Review Committee which reviews death reports of persons served by community-based providers. Each DD provider agency must have policies and procedures in place for internal quality assurance and quality improvement that specify the frequency of monitoring activities. The state requires providers to report all critical incidents to their central office.

Nebraska requires all specialized providers to be certified by the DD Division. In addition, all residential settings of four or more individuals must be licensed by the Department of Public Health. All non-specialized providers must meet the standards outlined in the regulations and complete a provider background check which includes both criminal and abuse registry records.

The State utilizes Quality Review Teams representing consumers and community members to visit residential settings and interview consumers on their satisfaction in the components of choice and control, respect and dignity, access to services and support, and community integration and inclusion. The Participant Experience Survey (PES) is another tool used for tracking and trending whether the needs of waiver participants are being met; proper supports are in place, and their overall satisfaction with the waiver program.

In addition to the quality of DD services in Nebraska, there is the issue of whether there are an adequate number of providers. A number of new providers have recently become available but the majority of them are in Lincoln or Omaha, so there remains a limited number of providers in rural Nebraska with some areas only having a single provider available. The expansion of the Community Support Services (self-directed) opens up options for individuals who want services in their own communities or choices other than the available providers in their region. Of course, whether an individual chooses specialized or non-specialized services there is a need for qualified direct support staff. This continues to be an issue in Nebraska.

PART D: Rationale for Goal Selection [Section 124(c)(3)(E)]:

The Council's selection of goals started with the needs assessment which was completed in August of 2010. Individuals completing the survey were asked to prioritize possible activities of the Council grouped by the areas of emphasis. The four highest areas were: employment, quality assurance, health, and community support. People were also asked what services or supports they needed but were NOT currently receiving. The top responses to this were: community support, recreation activities, transportation supports, and employment supports. When asked which of the services they currently receive are working best, they identified education, residential services, and health/Medicaid.

The Council considered the results of their needs assessment and the results of the Comprehensive Review and Analysis to narrow down their goal selection. In addition, they took into consideration those areas in which they

believed they could have the greatest impact and the current efforts of other agencies in addressing gaps and barriers so as not to duplicate these efforts. They selected four goals plus a goal directed at self-advocacy. The first goal is in the area of community support and focuses on increasing inclusion for children and adults in their communities. As mentioned previously, community support not only was a high priority for respondents but was also identified as a need that people were not receiving. The Council decided to include recreation as a specific activity under this goal which they wanted to look at in the next five years. The CRA findings support this decision as many barriers for children and adults with developmental disabilities involve the deeply held perception that they need “specialized” services. The result is a lack of access to generic services in their communities and the loss of an opportunity for true inclusion. The second goal is in the area of employment. Employment for people with developmental disabilities was the highest priority identified in the needs assessment. There remain a number of barriers to employment which the Council is working on and members felt these efforts should be expanded. The immediate focus is youth in transition. Agencies agree that working with youth at this age has the greatest success rate when it comes to competitive employment. Respondents gave a high priority to quality assurance activities which the Council supported in their goal selection. Services are being provided more intermittently and self-directed services are expanding. However, these important changes may require a new model of monitoring quality and assuring safety while allowing increased independence for children and adults with disabilities. The Council added an activity under this goal to study family support issues since the data in the CRA indicated that this might be a problem.The self-advocacy goal will be directed at strengthening the current organization and increasing their visibility and impact on policy development. This is the next step that they have expressed a desire to take and the Council will support this. The final goal is in the area of health. This area received a high priority by respondents but was not identified as an unmet need and, in fact, was said to be one of the services working well. However, the Council opted to include it as a goal based on the CRA. Although certain facets are working well, there are clearly identified gaps and barriers in services, such as mental health services for both children and adults with co-existing conditions, access to health care professionals with skills and the willingness to accept patients with developmental disabilities, and community wellness programs. In a very rural state like Nebraska, the use of telehealth holds promise of increasing access but it is critical that individuals with developmental disabilities and their families be included in this effort.

PART E: Collaboration [Section 124(c)(3)(D)]

(i) As a Network:

The Directors of the State Council, the UCEDD (Munroe-Meyer Institute) and the P&A (Nebraska Advocacy Services) meet each month to keep each other updated and discuss possible collaborative efforts. For the last few years, the Boards of these three Network Partners have met for a joint training. These meetings have covered topics such as social role valorization and updates on national topics by the Executive Directors of their three national associations.
The UCEDD Director serves on the Council and Nebraska Advocacy Services is represented by a Board member. A Council representative sits on the Advisory Committee of the UCEDD. All three programs have an interest in improving the quality of services that are available to children and adults with developmental disabilities. Munroe-Meyer targets professional training, Nebraska Advocacy Services focuses on rights and abuse and neglect issues, and the Council works on making long-term systems change that will result in quality services across the lifespan. The Council and Nebraska Advocacy collaborate with Munroe-Meyer on their needs assessments and state plan development processes with the resulting common data set leading to some shared goal selection. The three agencies plan to continue meeting and identifying joint issues based on their goals and objectives. They have scheduled another joint training for their members for Fiscal Year 2016 and will

continue to identify common concerns to work on.

(ii) With each other: (e.g. Describe the plans the Council has to collaborate with the UCEDD(s). Describe the plans the Council has to collaborate with the P&A.)

The UCEDD Director serves on the Council committee that reviews grant applications and makes grant recommendations to the Council. Munroe-Meyer has been funded to help develop appropriate training curricula for service agencies. The Council Director serves on the Protection and Advocacy for Developmental Disabilities Advisory Committee and the UCEDD Advisory Committee. At their quarterly meetings, they review activities and plan possible collaborative efforts. Nebraska Advocacy Services included the Council Director in their strategic plan development as did the Council include their Deputy Director in their planning process. Both formal and informal interactions between staff of the three agencies insure that collaboration will occur when appropriate. Since the Council uses a Request for Applications process, it is not possible to identify specific projects that they will work on with the individual Network partners. The Council and Nebraska Advocacy Services plan to collaborate on identifying legislative issues and statewide policies that are important to people with developmental disabilities and their families.

(iii) With other entities: (e.g. network collaboration with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services)

The three DD Network Partners are all members of the Nebraska Consortium for Citizens with Disabilities (NCCD). This is a coalition of organizations committed to advancing the rights of people with disabilities and statewide policies that affect them. NCCD and its member organizations monitor and respond to legislation and policies pertinent to Nebraskans with disabilities, and provide a resource for the Unicameral to call upon when developing legislation. Besides their legislative activities, they have hosted several ADA related events.
The Arc of Nebraska has taken the lead in organizing a joint disability conference to be hosted by the many agencies in the state. A steering committee is currently meeting to organize the event for 2012. All three DD Network Partners are represented on this committee.
The representatives of the various state agencies on the DD Council insure collaboration with the Council and the other Network members on a number of issues. Council staff serve on a number of committees for various state agencies and will continue in these roles to insure continued coordination of activities. At the monthly meetings of the three directors, they provide updates to each other on their activities with other agencies in the state. As mentioned previously, it is through membership in the Nebraska Consortium for Citizens with Disabilities, that collaborative activities with other agencies are most commonly planned and carried out.

Section IV : 5-Year Goals [Section 124(4); Section 125(c)(5) and (c)(7)]

GOAL # 1: Community Inclusion

To support increased communication and personal relationships between children and adults with and without developmental disabilities in order to increase inclusion in ten communities.

Area(s) of Emphasis:

- [x] Quality Assurance
- [x] Education and Early Intervention
- [ ] Child Care
- [ ] Health
- [ ] Employment
- [ ] Housing
- [ ] Transportation
- [x] Recreation
- [x] Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- [x] Outreach
- [x] Training
- [x] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with related Councils, Committees and Programs
- [x] Barrier Elimination
- [x] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [x] Demonstration of New Approaches to Services and Supports
- [ ] Other Activities

Objective: 1.1

Support replication in at least two communities of activities that resulted in more opportunities for inclusion of children and adults with developmental disabilities.

Activities

a. Select successful inclusion project to mentor one additional community.

b. Assist grantee in selecting community that they will mentor.

c. Monitor and evaluate progress of project quarterly.

d. Require grantee to produce a report on replicating their activity in other communities or venues.

e. Staff/Council members will participate on at least one work group at the state level focused on generic services and advocate for greater inclusion of children and adults with disabilities.

f. Staff/Council members will periodically report to Council on this activity.

Timeline

a. FY 2012 - 13

b. FY 2013

c. FY 2013

d. FY 2013

e. FY 2012 - 16

f. FY 2012 - 16

Objective: 1.2

Identify current recreation options for children and adults with developmental disabilities in the state by surveying a representative sample with input of at least 100 participants.

Activities

a. Survey individuals, families, and providers to establish a baseline of available recreation options.

b. Identify gaps and barriers in the area of recreation based on the data collected.

c. Develop and implement a plan to address an identified gap/barrier that will result in systems change in two communities.

d. Collect data to determine if improvement has been made.

Timeline

a. FY2013

b. FY2013

c. FY2014

d. FY2015

Objective: 1.3

Maintain a network of six regional councils to conduct local activities across the state in advocacy, capacity building and systemic change based on the Council's State Plan priorities.

Activities

Sign grant agreements with six Regional Councils.

Receive monthly minutes and quarterly reports from each Council to track their activities related to the Council's State Plan.

Provide clerical support as needed to the Regional Councils.

Conduct periodic site visits to provide technical assistance to Regional Councils.

Hold two meetings a year with the volunteer chairpersons of each Council.

Plan and hold an annual retreat for select members of each regional council and Council members that insure continued collaboration on the state plan goals.

Evaluate outcomes from each Council on an annual basis.

Timeline

FY2012 -- FY2016

Intermediaries/Collaborators Planned for this goal (if known):

- [ ] State and P&A
- [ ] University Center(s) for Excellence
- [ ] State DD Agency

GOAL # 2: Employment

To increase the employment of individuals with developmental disabilities working in integrated settings and earning at least minimum wage in projects funded by the Council.

Area(s) of Emphasis:

- [ ] Quality Assurance
- [x] Education and Early Intervention
- [ ] Child Care
- [ ] Health
- [x] Employment
- [ ] Housing
- [ ] Transportation
- [ ] Recreation
- [ ] Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- [x] Outreach
- [x] Training
- [ ] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with related Councils, Committees and Programs
- [x] Barrier Elimination
- [x] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [x] Demonstration of New Approaches to Services and Supports
- [ ] Other Activities

Objective: 2.1

Improve two policies that impact transition services from school to work resulting in jobs after graduation.

Activities

a. Using the findings of a report issued in the first year of the State Plan, identify at least two policies coming from the recommendations that would improve the employment of youth who have graduated.

b. Utilize Council resources to influence these two policies.

Timeline

a. FY2013

b. FY2013 - 16

Objective: 2.2

Increase training and education on employment directed at service providers, individuals, families, employers, service coordinators, and community members.

Activities

a. Using information collected from the Council study on collaboration and best practices in the employment field, develop an appropriate RFA to implement selected recommendations regarding education and training to at least one of the groups identified in the objectives.

b. Release RFA.

c. Select one grant project.

d. Monitor grant.

e. Evaluate outcome of project.

Timeline

a. FY2014

b. FY2015

c. FY2015

d. FY2015

e. FY2016

Intermediaries/Collaborators Planned for this goal (if known):

- [x] State and P&A
- [x] University Center(s) for Excellence
- [x] State DD Agency

GOAL # 3: Quality Assurance

Influence at least five policies that support quality services across the lifespan based on the needs and decisions made by persons with developmental disabilities and their families.

Area(s) of Emphasis:

- [x] Quality Assurance
- [ ] Education and Early Intervention
- [ ] Child Care
- [ ] Health
- [ ] Employment
- [ ] Housing
- [ ] Transportation
- [ ] Recreation
- [x] Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- [x] Outreach
- [x] Training
- [ ] Technical Assistance
- [x] Supporting and Educating Communities
- [x] Interagency Collaboration and Coordination
- [x] Coordination with related Councils, Committees and Programs
- [ ] Barrier Elimination
- [x] Systems Design and Redesign
- [ ] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports
- [ ] Other Activities

Objective: 3.1

Maintain legislative advocacy to insure continued support of people with developmental disabilities and their families.

Activities

a. Council will support a Legislative and Advocacy Committee.

b. L&A Committee will review 100% of relevant bills and recommend positions to the Council on at least 10 bills each session.

c. Council will determine positions on legislation and provide written or oral testimony on 100% of bills selected.

d. Council staff will write and distribute at least three issues of the legislative newsletter each session.

e. As directed by the Council, staff will monitor legislation, regulations, and policies that impact the lives of people with developmental disabilities and take appropriate actions.

f. Council will support advocacy training in the state.

g. Council will work to improve at least one family support policy in the state.

Timeline

a -- g FY 2012 -- FY2016

Objective: 3.2

Increase education and training opportunities for those who support people with developmental disabilities in the community.

Activities

a. Provide funding to the six regional councils to support at least 3 training opportunities for providers and caregivers in their communities.

b. Continue to interact with the Nebraska Association of Service Providers (NASP) and support their efforts to insure the availability of training opportunities by attending at least 50% of their meetings each year.

c. Support activities that strengthen the skills of individuals with developmental disabilities and those who support them to practice self-determination and choice in their lives.

Timeline

a. FY2012 -- FY2016

b. FY 2012 -- FY2016

c. FY 2015

Objective: 3.3

Increase practices of safety along with reasonable risk for people with developmental disabilities in the community.

Activities

a. Council will monitor trends in quality of services for persons with disabilities by reviewing information from facility surveyors, the Developmental Disabilities Division, the Nebraska Association of Service Providers, Disability Rights Nebraska, People First of Nebraska, and other credible sources.

b. In collaboration with their Network Partners, the Council will identify at least one concern that they will work on jointly.

Timeline

a. FY2014 -- 15

b. FY2015

Intermediaries/Collaborators Planned for this goal (if known):

- [x] State and P&A
- [x] University Center(s) for Excellence
- [x] State DD Agency

GOAL # 4: Quality Assurance -- Self Advocacy

To increase quality assurance by supporting self-advocacy to become a valuable resource and increasing its visibility to policymakers so that 20% of legislators know the People First Of Nebraska organization.

Area(s) of Emphasis:

- [x] Quality Assurance
- [ ] Education and Early Intervention
- [ ] Child Care
- [ ] Health
- [ ] Employment
- [ ] Housing
- [ ] Transportation
- [ ] Recreation
- [ ] Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- [ ] Outreach
- [ ] Training
- [x] Technical Assistance
- [ ] Supporting and Educating Communities
- [ ] Interagency Collaboration and Coordination
- [x] Coordination with related Councils, Committees and Programs
- [ ] Barrier Elimination
- [ ] Systems Design and Redesign
- [x] Coalition Development and Citizen Participation
- [x] Informing Policymakers
- [ ] Demonstration of New Approaches to Services and Supports
- [ ] Other Activities

Objective: 4.1

Support self-advocacy groups to increase their participation at all levels of policy development.

Activities

a. Assist People First of Nebraska to increase their visibility at the state level by participating on at least three statewide work groups.

b. Support People First of Nebraska as they focus on leadership development and maintain/increase members in 75% of their chapters.

Timeline

a. FY2014 - 15

b. FY2014 - 15

Intermediaries/Collaborators Planned for this goal (if known):

- [x] State and P&A
- [x] University Center(s) for Excellence
- [ ] State DD Agency

GOAL # 5: Health

To improve the health of individuals with developmental disabilities by expanding access to healthcare and insuring inclusive public health services by influencing policies in three areas.

Area(s) of Emphasis:

- [ ] Quality Assurance
- [ ] Education and Early Intervention
- [ ] Child Care
- [x] Health
- [ ] Employment
- [ ] Housing
- [ ] Transportation
- [ ] Recreation
- [x] Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- [x] Outreach
- [x] Training
- [ ] Technical Assistance
- [x] Supporting and Educating Communities
- [ ] Interagency Collaboration and Coordination
- [ ] Coordination with related Councils, Committees and Programs
- [x] Barrier Elimination
- [x] Systems Design and Redesign
- [ ] Coalition Development and Citizen Participation
- [ ] Informing Policymakers
- [x] Demonstration of New Approaches to Services and Supports
- [ ] Other Activities

Objective: 5.1

Assess the health care concerns of people with developmental disabilities and their families.

Activities

a. After reviewing current data available on health care needs, gaps and barriers; identify 3 priorities.
b. Develop plan to address at least one of these priorities.
c. Implement the plan.

Timeline

a. FY2014
b. FY2015
c. FY2015 - FY2016

Objective: 5.2

Expand in-service and pre-service training in two healthcare professions.

Activities

a. Using the results of Objective #I, identify the areas in which training of healthcare professionals in two fields is needed.

b. Develop an RFA to implement the action plan for training identified in the two fields.

c. Fund grant(s) selected.

Timeline

a. FY2015

b. FY2015

c. FY2015

Objective: 5.3

Promote healthy lifestyles.

Activities

a. Provide input to state public health programs which focus on healthy lifestyles and wellness promotion on how to insure such programs are accessible and address the needs of people with disabilities.

b. Influence at least two policies that will increase access to healthy lifestyles and wellness promotion programs.

Timeline

a. FY2012 -- 2016

b. FY2016

Objective: 5.4

Promote the use of telehealth to all areas across Nebraska.

Activities

a. Council will learn more about the use of telehealth in Nebraska through presentation(s) at a quarterly Council meeting.

b. Determine if children and adults with developmental disabilities are included in both generic and specialized service delivery systems.

c. Influence one generic system to encourage the inclusion of children and adults with developmental disabilities in telehealth service networks in the state.

Timeline

a. FY2015

b. FY2015

c. FY2016

Intermediaries/Collaborators Planned for this goal (if known):

- [ ] State and P&A
- [x] University Center(s) for Excellence
- [x] State DD Agency

Section V : Evaluation Plan [Section 125(c)(3) and (7)]

- Outline how the Council will examine the progress made in achieving the goals of the State Plan.
- Explain the methodology, which may be qualitative or quantitative, thatwill be used to determine if the needs identified and discussed are being met and if the Council results are being achieved.
- Describe the Council's role in reviewing and commenting on progress towards reaching the goals of the Plan.
- Describe how the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.

The evaluation plan and the Logic Model are attached. Both were revised in 2015 to better match the updated activities. For 2016, slight revisions to both documents were made under Goal #5, under the telehealth objective - evaluation & long term outcomes columns. The Annual Program Performance Report makes reference to these two documents when reporting on progress made toward achieving goals in the narrative for each Objective.
The checklist for the State Plan Amendments is also attached as requested.

Section VI : Projected Council Budget [Section 124(c)(5)(B) and 125(c)(8)]

Goal	Subtitle B	Non-Federal Share	Total
1. Community Inclusion	130,607	13,978	144,585
2. Employment	20,135	5,034	25,169
3. Quality Assurance	110,070	20,643	130,713
4. Quality Assurance -- Self Advocacy	35,000	10,500	45,500
5. Health	13,900	4,170	18,070
6. Functions of the DSA	23,631	23,631	47,262
7. General Management	104,401	24,020	128,421
Totals	437,744	101,976	539,720

Section VII : Assurances [Section 124(c)(5)(A)-(N)]

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124(c)(5)(A-N) in the Developmental Disabilities Assistance and Bill of Rights Act of 2000:

- [x] Assurances submitted

Approving Officials for Assurances

- [x] For the Council (Chairperson)
- [x] For DSA, when not Council

Section VIII : Public Input and Review [Section 124(d)(1)]

PART A: How the Council made the plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The Council posted their State Plan Goals and Objectives on their website for a 45-day comment period. In addition, they sent printed copies to several organizations that serve underrepresented populations to address concerns regarding their access to the electronic version. Printed copies were also sent to the self-advocacy organization in the state, People First of Nebraska. No comments were received during this 45-day comment period.
As described in the Introduction to the Comprehensive Review and Analysis (Section III), special efforts were made to collect input from self-advocates and minority populations early in the process. In addition, the draft goals developed in August 2010 were shared with stakeholders and comments were solicited and incorporated into the goals that the Council subsequently reviewed and approved.

PART B: Revisions made to the Plan after taking into account and responding to significant comments.

There were no revisions needed to the State Plan as no comments were received during the final review and comment period. Comments made during the development stages of the plan were reviewed by the Council and incorporated into the final document as determined appropriate.